UTL 00367

PTO/SB/01 (08-03)
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DECLADATION FOR LITH ITY OR

Attorney Docket Number

DE	DECLARATION FOR UTILITY OR  DESIGN			rventor	DATE, Umesh M.				
PATENT A		on	COMPLETE IF KNOWN						
	R 1.63)	<u></u>	Application Nu	ımber	Unknown	1			
Declaration	Declara	ition	Filing Date						
Submitted OR With Initial	Filing (s	surcharge	Art Unit		Unknown				
Filing	require	R 1.16 (e))	Examiner Nam	ne	Unknown				
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the inventor(s) name which a patent is sought on the			inventor(s) of	f the subjec	ct matter which is cla	imed and for			
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C	OMPONENTS	S FOR WIRELESS	COMMON	ICATION	DEVICES				
the specification of which		(Title of the	Invention)			_			
is attached hereto									
OR									
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[Page 1 of 2]

[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST IN	VENTOR:		□ Ар	etition	has bee	en filed for thi	s unsign	ned inventor
Given Name (first and middle [if any])	U	MESH M.			Family Name or Surname DATE			
Inventor's Signature	Mark							Date
Residence: City	State			· ·			Citizer	•
BANGALORE Mailing Address		· · - · · · · · · · · · · · · ·			IND	IA		INDIA
	201 V	ARS Crescer	nt, Pai Lay	yout, Be	enniganh	nalli Ext		
City BANGALORE	State				ZIP	560 016		Country INDIA
NAME OF SECOND INVENTO	R:			$\Box$			n filed fo	or this unsigned inventor
Given Name (first and middle [if any])	M	EHUL B.				mily Name Surname		PATEL
Inventor's Signature	Uta							Date
Residence: City  BANGALORE	State			Coun	try INC	DIA	Citizen	iship INDIA
Mailing Address B-305	i, Purva Heights,	 Bannerghatta	Road, Bi	lekahal	li			
City	State				ZIP		Countr	у
BANGALORE					56	0 076		INDIA
Additional inventors or a legal rep	resentative are beir	ng named on the	e 1 sı	uppleme	ntal shee	t(s) PTO/SB/02A	or 02LR a	Itached hereto.

[Page 2 of 2]

Atty Docket No.: UTL 00367

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ADDITIONAL INVENTOR(S)

DECLARATION				Supplemental Sheet Page — 1 of — 1					
Name of Addition	nal Joint Inventor, if any:		A petition has been filed for this unsigned inventor						
	Name (first and middle (if any)		Family Name or Surname						
	Gowri S.					RAJARA	AM	<del></del>	
Inventor's Signature	Mener.		<u> </u>	_				114/04	
Residence: City	OCEANSIDE	State	CA	Cou	ntry	USA	Citizenship	INDIA	
Mailing Address		115	SUNBRIG	HT DI	RIVE	<u></u>			
Mailing Address									
City	OCEANSIDE	State	CA		Zip	92056	Country	USA	
Name of Addition	nal Joint Inventor, if any:		☐ A pe	tition h	nas bee	n filed for this	unsigned inv	rentor	
Given	Name (first and middle (if any)		Family Name or Surname						
Inventor's Signature			Date						
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Given	Name (first and middle (if any)		Family Name or Surname						
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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	DATE, Umesh M.
Title	INTERCHANGEABLE MODULAR HARDWARE
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	UTL 00367

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			SIGNATURE of	Applican	t or Ass	ignee of R	ecord		
Name	Gowri S. Raj								
Signature		1181	ane					· ·	
Date	<u> </u>	<u> </u>	5/14/	oy			Telephone	760 724	1120
NOTE: Signa forms if more	atures of all the inventor e than one signature is r	s or assignees equired, see be	of record of the ent	ire interest	or their re	presentative	(s) are required.	Submit multiple	
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Application Number	Unknown
Filing Date	Herewith
First Named Inventor	DATE, Umesh M.
Title	INTERCHANGEABLE MODULAR HARDWARE
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	UTL 00367

I hereby app	point:			•				
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		SIGNATURE of	Applicant	or Assignee of F	Record			
Name	Mehul B, Patel	D 1						
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First Named Inventor	DATE, Umesh M.
Title	INTERCHANGEABLE MODULAR HARDWARE
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	UTI 00367

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Applicant/Inventor.  Assignee of record of the entire int	erest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is	s enclosed. (Form PTO/SB/9	96)		
	SIGNATURE of Applicant	t or Assignee of F	Record	
Name Umesh M Date				
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NOTE: Signatures of all the inventors or assignee forms if more than one signature is required, see to		or their representative	(s) are required. Sub	mit multiple
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